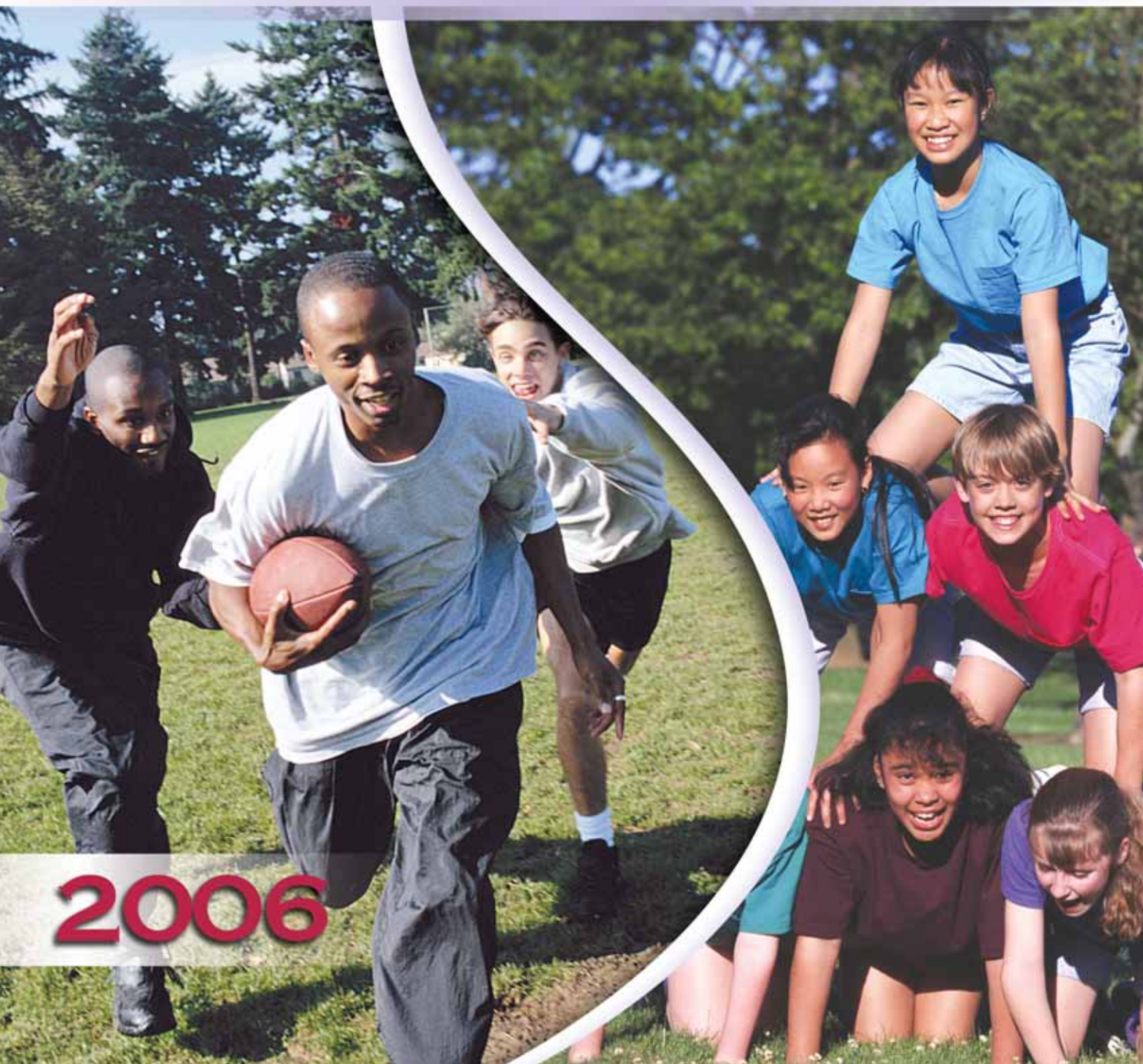
Adolescent & Young Adult Health in Tennessee



2006

Adolescent and Young Adult Health in Tennessee

Report and recommendations of Tennessee's Initiative to Improve
Adolescent and Young Adult Health by 2010 Committee
Tennessee Department of Health

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Tennessee Department of Health

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or call 615-741-7353

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Executive Summary

In October of 2003, the Office of Adolescent Health was established within the Maternal and Child Health (MCH) section of the Tennessee Department of Health to develop a focused approach to addressing the needs of adolescents and young adults. One of the initial steps in the development and implementation of this approach is the first adolescent and young adult health data report produced by MCH. Throughout this report, adolescence and young adulthood are defined as the time in life when individuals make the developmental transition from childhood to adulthood, represented by ages 10-24. MCH staff members are guided by a vision that:

> All youth and young adults are raised in positive environments, with caring adults who nurture and promote their health and development.
>
> All youth and young adults feel safe and supported and are positively engaged in the lives of their families, peers and communities.
>
> All youth and young adults have timely access to appropriate, high quality health, education, social and other community services as needed to support their optimal healthy development and assure their well-being.
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> All youth thrive during adolescence and young adulthood.

Tennessee's Initiative to Improve Adolescent and Young Adult Health by 2010 strives through this report to:

- Communicate a vision for improving adolescent health in Tennessee;
- Foster a more accurate and positive image of teens and young adults;
- Improve the attitudes among Tennessee's adults towards youth and young adults;
- Build public awareness and support for addressing the needs of the adolescent and young adult population;
- Promote the use of research-based practices in state and local programs; and
- Propose specific public policy strategies for improving the health of adolescents and young adults.

Focus on Adolescent and Young Adult Health

Although the health and well-being of all age groups is important, the developmental nature of adolescence leads to unique needs and strategies to effectively address those needs.

- Rapid growth and development leads to changes in body proportions, emotional states, new sleep patterns, developing sexuality, and social/peer pressures.
- Adolescence is the time when many life-long patterns of behavior are established including health behaviors and care-seeking patterns. The extent to which health and other services are available, accessible, and culturally acceptable to youth can affect their eventual adult health and care-seeking behaviors.

- Adolescent and young adult health provides the foundation for adult health status. Preventable health problems in adolescence can become chronic health conditions in adulthood. For example, adolescent obesity, low-calcium intake, sexually transmitted infections, smoking and substance abuse, can all result in serious, long-term health conditions later in life.
- Societal messages to youth are often confusing and contradictory, adding to the difficulty of successfully navigating the transition to adulthood. Mixed messages from adults and especially from the media make it critical to provide supports and interventions that guide youth as they confront life's new complexities.
- Adolescence, like other developmental stages, has its own unique epidemiology. It is important to develop population-based data on adolescents and young adults and to use this data to develop sound programs and policies targeted to the needs of youth.
- Adolescence is a period of unique challenges, particularly for vulnerable youth including those with disabilities and special needs. Social pressure to "fit in" may lead to painful exclusion, which can have long term psychosocial consequences. Promoting inclusion and social acceptance is particularly critical at this developmental stage.
- Due to the complexity of adolescent health issues, assessing and addressing adolescent health status must occur on many different levels. Peers, families, communities, schools and the media all have a profound influence upon the healthy development of adolescents.

What is it like being an adolescent in 2006? In some ways not too different from what adults experienced when they were this age…learning how to negotiate new rules and boundaries with parents, balancing the influence of peers and the media, discovering one's sexuality, and trying to figure out who you want to become and how best to make that happen.

What is different about growing up today? Young people live in a very different environment than what existed 30 years ago. Advanced technologies (cell phones, I-Pods, computers and video games) are available to most adolescents. More youth live in single parent homes or in homes where both parents work. Fast food is readily available and frequently eaten. Youth watch more television and are exposed to more violent programming. Young people as a group are much more diverse. Educational expectations have increased in order to keep up with scientific and technological advances. Adolescents face the threat of AIDS; violence in their neighborhoods, schools and even their homes; and peer pressure to "have sex" or "do drugs."

Adolescent and Young Adult Health in Tennessee is the first comprehensive health status report addressing the adolescent and young adult population published by the Tennessee Department of Health. Every five years the Tennessee Department of Health, Maternal and Child Section will produce an updated version so that adolescent health program developers, policy analysts, and advocates have a comprehensive understanding of the health status of this population. The purposes of this report are to stimulate a focus on adolescent health as a state priority, and to promote a societal culture that supports strong investment in youth. This report illuminates the process of healthy adolescent development, describes eleven areas of health concern for adolescents and advances key action steps for continuing to improve the health status of Tennessee's youth.

Tennessee has made meaningful strides in the past decade in improving the health and well-being of its adolescents. However, despite a decade of advances, today's teens still face significant challenges.

Chapter I – Fostering Healthy Adolescents and Young Adults provides a backdrop for understanding the transition from childhood to adulthood, and describes what is known about which elements contribute to achieving physical, emotional and social maturity. Chapter I highlights these areas:

- A thumbnail demographic sketch of Tennessee adolescents
- A short description of adolescent development
- The risks adolescents face and the resiliency and support they need to make a successful transition to adulthood

Chapter II – Mentally Healthy Youth and Young Adults addresses what is arguably the most important aspect of adolescent health and well-being; because an adolescent's mental health status has an impact on

virtually every domain in that young person's life. As a core measure of adolescent mental health, teen suicide rates have declined among males but remained steady for females. Suicide remains the third leading cause of death for adolescents. Also, far too many teens continue to report that they have been depressed for long periods of time and have considered and attempted suicide. In addition to national and state trends, risk and protective factors and best practices, Chapter II highlights these areas:

- The importance of mental health in the life of an adolescent
- Serious mental health problems among adolescents, including depression, bipolar disorder and attention deficit and hyperactivity disorder (ADHD)

Chapter III – Preventing Unintentional Injury: Keeping Our Youth Safe addresses the primary cause of death for adolescents. As a measure of adolescent safety and risk taking, motor vehicle death rates have increased over the last decade and are still the leading cause of unintentional injury death for teens. Teens have three times as many fatal accidents, on the basis of miles driven, as adults. In addition to national and state trends, risk and protective factors and best practices, Chapter III highlights:

- Factors that have contributed to the reduction of motor vehicle injury deaths, including enforcement of statutory changes to make teen drivers safer
- Data on motor vehicle crashes, unintentional firearm injuries and sports/recreation injuries

Chapter IV – Preventing Intentional Injury: From Bullying to Homicide addresses violence at home, on school property, on a date, at the movies, and over the airways. Homicide death rates have declined since their peak in the early 1990s, although homicide remains the second leading cause of death for this age group. Homicide represents only a very small part of the picture for youth violence, and many teens are victims of bullying and relationship violence. In addition to national and state trends, risk and protective factors and best practices, Chapter IV highlights these areas:

- The genesis of youth violence, beginning with aggressive behavior
- Data on child abuse and neglect, sexual violence and firearm injuries

Chapter V – Substance-Free Youth and Young Adults addresses the role and consequences of substance abuse in the lives of today's adolescents. Compared to the national average (10.67%), Tennessee students (8.45%) report less binge drinking. However, the numbers are slightly on the increase from 1999 (8%) to 2002 (8.45%). Marijuana use has slightly increased from 1999 (5.2%) to 2002 (6.68%). In addition to national and state trends and best practices, Chapter V highlights these areas:

- Particular risks and protective factors, such as social bonding to family, community and school, health beliefs and clear standards for behavior that may influence youth to avoid drug use and other risky behaviors
- Data that describe the frequency of drinking and driving, binge drinking, marijuana use, inhalants and methamphetamines

Chapter VI – Tobacco-Free Youth and Young Adults addresses the cause of 20 percent of all deaths among adults in the United States. Prevention among youth is critical to ensuring healthy adults, because tobacco use and subsequent addiction most frequently take root in adolescence. Tennessee has made strides in addressing the problem of teen tobacco use, and results are beginning to show. However, each year, 14,600 Tennessee teens under age 18 become daily smokers, which will likely result in many early, preventable deaths due to a decision made as a youth. In addition to risk and protective factors and best practices, Chapter VI highlights these areas:

- Current patterns of adolescent tobacco use, nationally and in Tennessee
- Factors contributing to use of tobacco products by teens
- Data on use of cigarettes, smokeless tobacco, exposure to secondhand smoke and youth access to tobacco products

Chapter VII – Healthy Sexual Development addresses an area of health that is at the forefront of developmental challenges. Part of normal development for a healthy adolescent is to explore his or her own sexuality and

learn to be healthy and ethical with it. Teen birth rates have dropped significantly, the percent of teens that report they have never had sex has increased and those who report having sex are more likely to use contraceptives. However, the United States continues to have dramatically higher teen birth rates than other developed countries around the world. Also, the rate of chlamydia infections has increased significantly among Tennessee's youth and young adults. Chapter VII highlights these areas:

- Factors that contribute to risky teen sexual behavior and personal, social or environmental factors that help teens avoid high-risk behaviors
- Data on national and state trends in teen sexual activity, sexually transmitted infections, childbearing and out-of-wedlock births
- Strategies and best practices for prevention efforts, including roles for parents, schools and communities

Chapter VIII – Healthy Diets and Physically Fit Youth addresses the epidemic of teen obesity and the key contributing factors of poor nutrition and limited physical activity. Tennessee youth, as well as youth throughout the country, are increasingly more obese. A 27.7% increase in obesity has occurred from 1999 to 2003 among Tennessee high school students. Significant efforts by all sectors of society will be needed to reverse the trend. In addition to national and state trends and risk and protective factors, Chapter VIII highlights these areas:

- Data on weight perceptions and portion size
- Causes and consequences, both physical and mental, of obesity and poor nutrition
- Physical activity trends
- Best practices in prevention that focus on the emotional aspects of weight management, nutrition and physical activity, as well as best practices at home, school and in the community

Chapter IX – Healthy Teeth and Gums describes the state of dental health in children and adolescents, prevention savings and factors other than lack of dental care that affect oral health, barriers that adolescents face in trying to access dental care, and Tennessee's current public dental health system for children and youth. The TennCare utilization rate among children and youth ages 3-20 has increased from 36% percent in federal fiscal year 2002 to 51% in federal fiscal year 2004 (Private sector utilization ranges from 50% to 60%). This represents a 42% increase in Tennessee's rate during a two year period.

Chapter X – Supporting Vulnerable Youth and Young Adults addresses the need for targeted interventions to support youth who are in state custody, are homeless, suffer from poverty, receive special education services, or have special health care needs. Fortunately, the number of youth in state custody has been declining steadily since 1995. However, 50% of children/youth in state custody have a mental health diagnosis. Chapter X highlights include:

- Children with special health care needs, youth in state custody, youth receiving special education services, juvenile justice and runaway and homeless youth data
- Information for parents
- Reauthorization of IDEA changes

Chapter XI – Youth Access to Health Care addresses the need for age-appropriate, accessible and affordable health services for teens. Adolescence is a time when youth begin making independent choices concerning their own health and health care, so access to preventive care is a must. However, approximately 134,710 children ages 18 and under remain uninsured, and too many teens lack access to needed health services. In addition to national and state trends and risk and protective factors, Chapter XI highlights these areas:

- Health insurance data
- Barriers adolescents face in accessing health care
- Successful strategies and best practices to improve access to appropriate health care

Chapter XII – Health Disparities Among Youth and Young Adults addresses the many factors that contribute to disparities in health and provides best practices information to effectively address this critical issue. Chapter XI highlights these areas:

- National and state health disparities data among youth and young adults
- Institute of Medicine health disparities findings and recommendations
- Cultural competence strategies to address health disparities at the programmatic level

Chapter XIII - Ten Critical Tasks for Moving Forward with Adolescent and Young Adult Health provides a blueprint for Tennesseans to use to advance the health and well-being of youth and young adults, and for providing a climate in which each youth is able to reach his or her full potential to become a healthy adult and contributing member of society. Chapter XIII provides specific recommendations for these areas of enterprise:

1. Ensure Access to Mental Health Services: Assure availability of services for early identification of, and intervention with, at-risk adolescents.
2. Support Parents in Effective Parenting of Adolescent Children: Help families to reach their potential as irreplaceable positive influences in the lives of teens.
3. Develop dedicated funding for adolescent health: In order to adequately address the multiple needs of "at risk" adolescents and young adults, dedicated funding for adolescent health should be established.
4. Address health disparities among adolescents and young adults with a focus on gender issues: Male adolescents and young adults often report higher degrees of risk-taking than females. However, few policies and programs are designed to meet young men's unique needs.
5. Ensure/Improve access to health services with an emphasis on promoting Tennessee's confidentiality laws: Assure the availability of health services for "at-risk" adolescents and young adults. Also, address confidentiality issues since the most common reason adolescents do not access preventive health care is due to confidentiality concerns.
6. Maintain reproductive health as a priority: Focus on reducing teen pregnancy, HIV AIDS and sexually transmitted diseases among adolescents and young adults.
7. Build/strengthen partnerships outside of public health: Partner with all sectors of society to address adolescent and young adult health issues.
8. Develop a uniform statewide data collection system that would provide county specific data: Uniform data is needed by county as well as by region and state levels to determine program priorities and resource allocation.
9. Build public support for investment in youth: A great deal is known about how to address the opportunities for positive youth development and to reduce the potential for adverse consequences of adolescent risk-taking. Adequate long-term investment will always be required, and the voting public must see the purpose and value of investing its scarce resources.
10. Involve Youth in Policy Formation and Program Implementation: Use teens' firsthand knowledge of school, peer and community environments in forming policies that impact youth.

Adolescent and Young Adult Health Status Snapshot

Mortality Rates

- The overall mortality rate for adolescents and young adults ages 10-24 has been gradually declining since 1994.
- Unintentional injury remains the overwhelming leading cause of death (51%) for youth and young adults ages 10 to 24 years of age followed by homicide (14%) and suicide (8%).

Mentally Healthy Youth and Young Adults

- According to the Tennessee Middle School Health Survey 2001-2002, which was distributed to 6th, 7th and 8th graders, 7.2% said they had attempted suicide. Also, 18% said they had felt desperate enough to consider suicide and 2.6% reported getting medical treatment because of a suicide attempt.
- In 2003, 28.3% of high school students reported they had felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. This represents a slight increase from 1999 reports of 27.6% and matches the national rate of 28.6%.
- The rate of mental health diagnosis among children/youth in state custody was at a high of 54% in 1994, dropped to a low of 31% in 1998 and has since increased to a rate of 50% in 2004.

Unintentional Injuries

- Unintentional injuries kill about 125 Tennessee youth annually.
- For adolescents and young adults ages 10 to 24, both nationally and in Tennessee, over three-quarters of unintentional injury deaths are motor vehicle-related.
- The rate of adolescent deaths due to all types of injuries has increased over the last decade. From 1999-2002 there were 1,880 deaths. This represents an increase of 69 deaths from 1995-1998 and an increase of 100 deaths since 1991-1994.

Intentional Injuries

- Overall, the rate of homicides for youth ages 10-24 has declined from 13.9% in 1994 to 9.3% in 2003.
- Every 4 days a child or youth in Tennessee is killed by gunfire. (In 2002, among youth ages 10-24, there were 115 firearms deaths by homicide; 47 firearms deaths by suicide; 15 firearm deaths deemed accidental, and 4 undetermined firearm deaths.)
- Every 10 days a child or youth in Tennessee is murdered.
- Since 1993, a 70% decline has occurred in the percent of high school students who reported carrying weapons on school property (from 18.2% in 1993 to 5.4% in 2003).

Substance Free Youth and Young Adults

Alcohol Abuse

- According to the 2003 Tennessee Youth Risk Behavior Survey, 75% of all Tennessee high school students have tried alcohol at least once.
- Forty-five percent of all high school students report having one or more drinks of alcohol on one or more of the 30 days preceding the survey.
- One third of all Tennessee 12th graders and nearly one fourth of all 10th graders admitted to binge drinking.

Drug Abuse

- In 2003, 43.4% of all Tennessee high school students reported having used marijuana on one or more times during their lifetime compared to 40.2% nationally.
- Twenty-four percent of all high school students reported past-month use of marijuana compared to 22% nationally.

Tobacco Free Youth and Young Adults

- Every year, 14,600 Tennessee youth under 18 years of age become daily smokers. At this rate, 128,300 Tennessee youth alive today will die an early, preventable death because of a decision made as a child.
- Tennessee has experienced a decline in the number of high school students who report ever trying a cigarette. In 1993, 74.9% of all high

school students had tried whereas in 2003 it was down to 61.8%. However, Tennessee is still higher than the national average of 58.4%.

- Current cigarette use, as defined by one or more cigarettes smoked within the past 30 days, declined among Tennessee high school students from 1993 (32%) to 2003 (27.6%).
- According to the 2000 Tennessee Youth Tobacco Survey, 23.4% of all middle school students (6th, 7th and 8th grades) currently use some kind of tobacco product compared to 15.1% nationally.
- The percent of high school students who reported use of smokeless tobacco products declined significantly from 1993 (17.9%) to 2003 (12.1%).

Healthy Sexual Development

- Tennessee teen birth rates have declined by 22.3% between 1991 and 2001. However it is important to note that teen birthrates are substantially higher in the United States and Tennessee compared to other developed countries. •
- Among Tennessee teens 15-17 years old, the birth rate has declined from a high of 57.9 per 1,000 in 1993 to 34.8 in 2003. This represents a 39.9% decline in rate since 1993.
- Half of Tennessee's high school students have initiated sexual intercourse.
- In 2003, 7.4% of high school students reported having engaged in sexual intercourse before age 13 compared to 12.6% in 1993.
- 15.2% of the sexually active high school students in Tennessee reported having sexual intercourse with 4 or more partners compared to 14.4% nationally. This represents a significant decline from 1993 (24.5% students).

Healthy Diets and Physically Fit Youth

- According to 2003 Tennessee Youth Risk Behavioral Survey (TN YRBS) results, 15% of Tennessee's high school students are overweight; the national average is 13.5%.
- According to the 2003 Youth Risk Behavior Survey, 18.1% of all Tennessee high school students had eaten fruits and vegetables more than 5 times a day compared to 22% nationally.
- About 61% of Tennessee's high school students report that they engage in vigorous physical activity three or more days per week for 20 or more minutes per occasion.18 Tennessee students are close to the national rate of 62.6%.19
- Female high school students (40%) are more likely to engage in vigorous physical activity than male high school students (28%).
- 33.7 percent of Tennessee high school students responded that they were physically inactive (did not participate in at least 20 minutes of vigorous physical activity on three or more of the past seven days and did not do at least 20 minutes of moderate physical activity on five or more of the past seven days).
- Rather than being physically active in their spare time, studies on how teens spend their time indicate that watching television and playing video or computer games is the mainstay of activity. According to the 2003 Tennessee Youth Risk Behavior Survey, 44.3% of high school students reported watching TV for at least three hours or more a day on an average school day. This compares to a national rate of 38.2%..

Healthy Teeth and Gums

- The TennCare utilization rate among children and youth ages 3-20 has increased from 36% percent in federal fiscal year 2002 to 51% in federal fiscal year 2004 (Private sector utilization ranges from 50% to 60%). This represents a 42% increase in a two year period.
- During July 1, 2003- June 30, 2004, school based dental prevention services were delivered in all 13 regions of the state. Data shows that 144,020 children had dental screenings in 381 schools. The number of children screened represents a 40% increase over the July 1, 2002- June 30, 2003 fiscal year. Of these children screened, 42,455 were referred for unmet dental needs.
- Comprehensive preventive services (including all aspects of the preventive program) were provided in 328 schools. Full dental exams were conducted on 67,719 children.
- A total number of 289,956 teeth were sealed on 47,645 children. This is a 34% increase in the number of teeth sealed and a 17% increase in the

number of children sealed over the 2002-2003 fiscal year.

- 159,735 children received oral health education programs at their schools by a public health hygienist. This is a 26% increase over the 2002-2003 fiscal year figures.

Supporting Vulnerable Youth and Young Adults

- As of June 30, 2005 there were 1,397 active clients ages 10 to 21 receiving assistance from Children's Special Services.
- Among this age group, there were 320 different diagnoses. The most frequent diagnoses were: hearing loss (419 clients), cerebral palsy (132 clients), diabetes (64 clients), spina bifida (60 clients), orthopedics (60 clients), cleft/lip and palate (53 clients), asthma (25 clients), and cystic fibrosis (15 clients).
- The number of children and youth in state custody has been steadily declining since 1995.
- Most children and youth entering state custody were adjudicated as dependent (73%) followed by delinquent (24%) and unruly (3%). Since 1994 there has been a significant increase in the number of children/youth adjudicated dependent/neglect while the number of children/youth determined unruly decreased substantially. The delinquent category has remained steady.
- Most children/youth are placed in foster care (48%) followed by group home (18%), family (18%), kinship (12%), and runaway (4%).
- 110,930 children and youth ages 6-21 received special education services in Tennessee as counted on December 1, 2004.
- Of these children and youth, 44% were diagnosed with specific learning disabilities followed by speech or language impairment (22%), mental retardation (12%), other health impairments (10%), emotional disturbance (3%), developmental delay (3%), autism (2%), multiple disabilities (2%) and hearing impairments (1%).

Youth Access to Health Care

- More than one in 17 Tennessee children is not insured.
- According to 2002-2003 state data, 31% of Tennessee's children ages 18 and under are enrolled in Medicaid. This compares to 27% nationally.
- About 134,710 (9%) Tennessee children ages 18 and under are uninsured.
- 81,000 children or 5.6% of all children under age 19 whose families are at or below 200% of the poverty level are without insurance in Tennessee.
- The number and percent of children in Tennessee without health insurance has more than doubled from 2000 to 2004. In 2000 there were 71,561 children (4.9% of all children in Tennessee) without health insurance. By 2004 there were 173,220 (10.8% of all Tennessee children) without health insurance.
- The percentage of children who have received complete EPSDT annual examinations increased substantially from 2001 to 2004. In 2001, 38% received complete EPSDT annual examinations. By FY 2003-2004 the number had increased to 67.2%.
- As of June 20, 2004 there were 234,951 children ages 6-13 enrolled on TennCare, 128,342 children ages 14-18 and 43,080 ages 19-20. The total number of children and youth ages 6-20 on TennCare was 406,373.

Health Disparities Among Youth and Young Adults

- Over the past ten years the suicide rate among males, both white and African American has declined. The rate for females has remained steady.
- White males ages 10-24 (13.1 per 100,000) were almost 2 times more likely to die from suicide than African American males (7.9 per 100,000).
- More female high school students (17.7%) had made a suicide plan compared to males (10.6%).
- 60% of the young people ages 10-24 who died from motor vehicle crashes were white males, followed by 26% white females, 9% African American males, and 4% African American females.
- The homicide rate is more than six times higher for

African American youth as compared to white youth ages 20 to 24.

- Many more white high school students (30%) report binge drinking compared to African American students (11%).
- From 1993-2003, birth rates for white teens declined by 38.8 %; rates for African American teens declined by 43.4 %; and rates for other teens increased by 6.8 %.
- Teen pregnancies among Hispanic youth are increasing whereas rates are decreasing for all other races.
- The birth rate for African American females (20.2 per 100,000) ages 10-17 is twice the rate of white teens (9.7 per100,000).
- Pregnancy rates for Tennessee's African American females ages 10-17 are two and one/half times higher than their white counter parts.
- Young African Americans youth were more likely to have low-birth weight babies (14.6 per 1,000) than young white youth (9.5 per 1,000).
- African American males (19.1%) were more than twice as likely to have engaged in sexual intercourse before age 13 than white males (8.2%)
- African American males (21.4%) were significantly more likely to have had sex with 4 or more partners than white males (13.3%).
- In 2003 there were more than twice as many infant deaths to young African American mothers ages 10-17 (291 infant deaths or18 per 1,000) compared to young white mothers (424 infant deaths or 7 per 1,000).
- An overwhelming 76.9% of all youth infected with HIV/AIDS are African American.
- There are many more overweight high school males (20.7%) than females (9.5%) in Tennessee.
- African American high school females (21.5%) are more than 3 times as likely to be overweight compared to their white female counterparts (6.3%).
- The majority of children/youth in state custody are white (58%) followed by African American (33%) and "Other" racial category (9%).
- The average length of stay in state custody by race shows that there is a decline for African Americans and "Other" race category and an increase for white children/youth.
- The majority of students receiving special education are white (70%), followed by African American (28%), Hispanic (2%), Asian or Pacific Islander (.4%), and American Indian (.1%).
- Of the total number of children ages 6-20 on TennCare, the majority of children and young adults were white (59%) followed by African American (36%), "Other" (4%), and Hispanic (2%).

Introduction

In October of 2003, the Office of Adolescent Health was established within the Maternal and Child Health (MCH) section of the Tennessee Department of Health to develop a focused approach to addressing the needs of adolescents and young adults... One of the initial steps in the development and implementation of this focused approach is the first adolescent and young adult health data report produced by MCH. Throughout this report, adolescence and young adulthood are defined as the time in life when individuals make the developmental transition from childhood to adulthood, represented by ages 10-24. MCH staff members are guided by a vision that:

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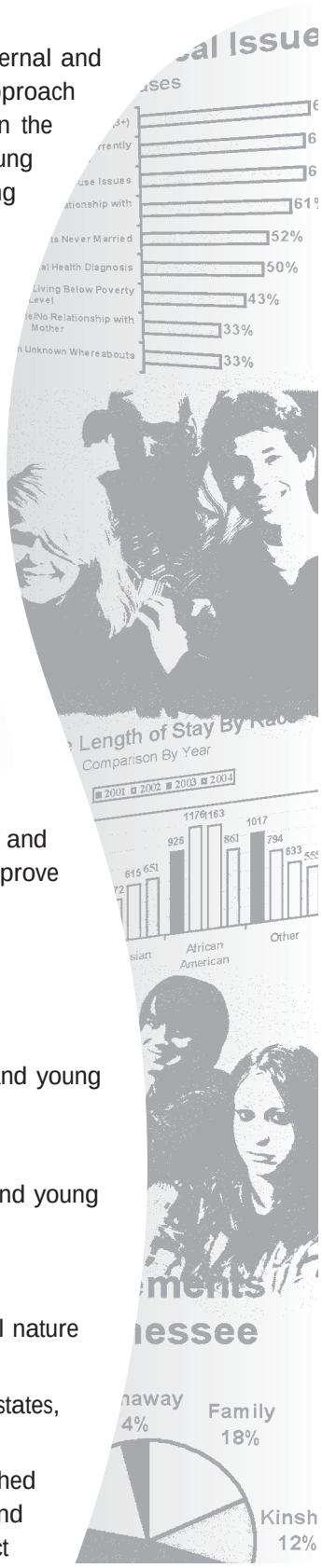

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Focus on Adolescent and Young Adult Health

Although the health and well-being of all age groups is important, the developmental nature of adolescence leads to unique needs and strategies to effectively address those needs.

- Rapid growth and development leads to changes in body proportions, emotional states, new sleep patterns, developing sexuality, and social/peer pressures.
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their eventual adult health and care-seeking behaviors.

- Adolescent and young adult health provides the foundation for adult health status. Preventable health problems in adolescence can become chronic health conditions in adulthood. For example, adolescent obesity, low-calcium intake, sexually transmitted infections, smoking and substance abuse, can all result in serious, long-term health conditions later in life.
- Societal messages to youth are often confusing and contradictory, adding to the difficulty of successfully navigating the transition to adulthood. Mixed messages from adults and especially from the media make it critical to provide supports and interventions that guide youth as they confront life's new complexities.
- Adolescence, like other developmental stages, has its own unique epidemiology. It is important to develop population-based data on adolescents and young adults and to use this data to develop sound programs and policies targeted to the needs of youth.
- Adolescence is a period of unique challenges, particularly for vulnerable youth including those with disabilities and special needs. Social pressure to "fit in" may lead to painful exclusion, which can have long term psychosocial consequences. Promoting inclusion and social acceptance is particularly critical at this developmental stage.
- Due to the complexity of adolescent health issues, assessing and addressing adolescent health status must occur on many different levels. Peers, families, communities, schools and the media all have a profound influence upon the healthy development of adolescents.

The Role of Public Health

To advance the health of adolescents, Tennessee Department of Health staff monitor and assess adolescent and young adult health status; diagnose and investigate health problems as well as resiliency factors; inform and educate about adolescent health and development issues; mobilize state and community partnerships; provide leadership for priority-setting, planning and policy development; promote and enforce legal requirements that affect the health and safety of this population; promote access to services; assure the capacity and competency of the workforce; evaluate service provision; and support research that develops new insights and approaches to foster adolescent and young adult health.

Need for Collaboration

Tennessee Department of Health staff members understand that in order to achieve the stated vision for adolescents and young adults, there must be collaboration among numerous partners:

- Youth and young adults
- Parents and other adults
- Schools
- Non-profit
- Community-based organizations
- The Tennessee General Assembly
- Foundations
- Businesses
- Voluntary health agencies
- Faith-based organizations
- Community action groups
- Media
- Primary health care providers
- Public agencies

Healthy People 2✪1✪

Adolescent and Young Adult Health in Tennessee focuses primarily on risky behaviors associated with adolescent health problems. The importance of adolescent health is highlighted by the Healthy People 2010 Initiative, which has a specific adolescent health focus through the National Initiative to Improve the Health of Adolescents by the Year 2010.

The National Initiative has identified 21 Critical Objectives for adolescents and young adults among the 108 Healthy People 2010 Objectives. These objectives represent the most serious health and safety issues facing young people including mortality, unintentional injury, violence, substance use and mental health, reproductive health, and prevention of adult chronic diseases. References to Tennessee's status in reaching Healthy People 2010 objectives are identified throughout this report. A chart detailing these objectives can be found in Appendix C.

Positive Youth Development Approach

The basic foundation of Tennessee's Initiative to Improve Adolescent and Young Adult Health by 2010 incorporates a positive youth development approach to prevent risky behaviors and/or unhealthy choices. While most adolescents successfully navigate the transition to adulthood, some adolescents take unhealthy or dangerous risks and initiate habits that may lead to chronic illnesses. Adolescent's resiliency is influenced by the settings in which they live; their connections to family and friends; and support from community institutions. The philosophy and approach to policies and programs that incorporate the building of developmental assets and resiliency among youth is called the youth development approach. The underlying philosophy of youth development is holistic, preventive and positive, focusing on the development of assets and competencies in youth as the best means for fostering health and well-being and for avoiding negative choices and outcomes. Youth who succeed in the developmental tasks of adolescence lay the foundation for health and well-being in their adult lives.

Addressing Health Disparities Among Adolescents and Young Adults

Tennessee Department of Health staff are committed to addressing health disparities among Tennessee's adolescents and young adults. A specific chapter in this report describes numerous examples of health disparities that exist particularly among youth of color. National Institutes of Health defines health disparities as the "differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States."

Systems Capacity Overview

State public health agencies and MCH/family health programs as well as regional and county level programs must have systems capacity if the adolescent/young adult health vision is to become a reality. The System Capacity for Adolescent Health: A Public Health Improvement Tool identifies six areas of key capacity necessary to support effective state level adolescent health initiatives/programs. Those capacity areas include: commitment to adolescent health; partnerships; policy and advocacy; planning and evaluation; technical assistance; and surveillance and data systems.

In May 2004, Tennessee Department of Health employees participated in a pilot project to test the systems capacity evaluation tool. The three areas in most need of capacity building at the state level were enhancing surveillance and data systems; improve planning and evaluation capabilities; and establishing additional partnerships to meet adolescent/young adult health goals.

Report Format

Adolescent and Young Adult Health in Tennessee is written in a format that includes a brief chapter summary before each chapter, national and state data trends whenever available, Healthy People 2010 goals, best practices for prevention descriptions, tips for parents or other adult caregivers, identification of health disparities, internet links to national and state resources, and short descriptions of state programs that address specific adolescent/young adult health issues.

Data Limitations

United States and Tennessee Youth Risk Behavior Surveillance survey data are used throughout this report. Although the data is representative of all high school students, readers should note that the data is based on students' self-reports.

During the final writing stage of this report the 2005 Tennessee Youth Risk Behavior Survey (TYRBS) results were released. Except where noted in the report, the data was not included unless a significant change had occurred since the 2003 TYRBS Survey data was released. Also, comparable national 2005 YRBS data will not be released until late Spring 2006 so it was not available for comparison to 2005 TYRBS data results. A list of relevant 2005 TYRBS data is provided in Appendix E.